

Thursday

☐ YES ☐ NO

Collaborator if any

Artist

GERALD

NICHOLS

FIRST NAME

LAST NAME

Address

1581 E. 101<sup>ST</sup>

CLEVEL

9

СЛУШАЮЩА

Tel.

NO

STREET

CITY

ZONE

COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank...

Institute of  
Art

DO NOT WRITE IN  
THESE COLUMNS

AM

Use second blank if required

REC'D MAR 11 1968

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

*Gerald A. Nichols*  
SIGNATURE